COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY ATTORNEY'S DOCKET

(includes Reference to PCT International Applications)

	NUMBER	
I	PHNL000287	US

As a below named inventor, I he	ereby declare that:				
My residence, post office addre	ess and citizenship are as state	ed next to my name.			
I believe I am the original, first a plural names are listed below) of entitled: "Spectrum model the specification of which (check	of the subject matter which is oing"	name is listed below) or an original, fi claimed and for which a patent is sou	irst and joint inventor (if ught on the invention		
is attached hereto.					
was filed as United States a	pplication				
Serial No -					
on					
and was amended			ı		
on					
☐ was filed as PCT internation	al application				
Number					
on					
and was amended under PCT					
on			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to discle Title 37, Code of Federal Regul		rial to the examination of this applica	tion in accordance with		
or inventor's certificate or of an States of America listed below any PCT international application	y PCT international application and have identified below any on(s) designating at least one	States Code, § 119 of any foreign apn(s) designating at least one country foreign application(s) for patent or in country other than the United States the application(s) of which priority is	other than the United nventor's certificate or of America filed by me		
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
WO	EP00/04599	17 May 2000	YES		
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l bus	siness in the Patent a	and Trademark Office connected the	rewith. (List name and registration r	number)	prosecute this application and transact	
Michael F. Marion Reg. No. 32, 266					Direct Telephone Calls to: (name and telephone number) (914)332-0222	
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
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	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven		The Netherlands	
rue: a mpris	ind further that these	e statements were made with the kno der section 1001 if Title 18 of the Unit	owledge that willful false statements	and the like so	information and belief are believed to made are punishable by fine or ents may jeopardize the validity of the	

SIGNATURE OF INVENTOR 202

DATE

SIGNATURE OF INVENTOR 201

DATE

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(July 1994)